

**FEE  
ONLY**

\* 09/612,260


art of record and are in condition for allowance. The Examiner is respectfully requested to pass the above application to issue at the earliest possible time.

Should the Examiner find the application to be other than in condition for allowance, the Examiner is requested to contact the undersigned at the local telephone number listed below to discuss any other changes deemed necessary.

Please charge any deficiencies and credit any overpayments to Attorney's Deposit Account Number 50-0510.

Respectfully submitted,

\*

Dated: 9/28/04

Frederick W. Gibb, III  
Reg. No. 37,629

McGinn & Gibb, P.L.L.C.  
2568-A Riva Road  
Suite 304  
Annapolis, MD 21401  
(301) 261-8071  
Customer Number: 29154

10/01/2004 LSPRUELL 00000001 500510 09612260

01 FC:1201 344.00 DA

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/612260

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    |              |
| INDEPENDENT CLAIMS  | minus 3 =    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐OR OTHER THAN  
SMALL ENTITY

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 385.00 |
| XS 9=     |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 770.00 |
| XS18=     |        |
| X86=      |        |
| +290=     |        |
| TOTAL     |        |

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT A |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | * 40                                      | Minus | ** 43                                       | = -              |
|             | Independent   | * 5                                       | Minus | *** 4                                       | = 1              |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| XS 9=               | -                      |
| X43=                | -                      |
| +145=               | -                      |
| TOTAL<br>ADDIT. FEE | -                      |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| XS18=               | -                      |
| X86=                | 86.00                  |
| +290=               | -                      |
| TOTAL<br>ADDIT. FEE | 86.00<br>pd.           |

(Column 1)

(Column 2)

(Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT B |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | * 37                                      | Minus | ** 43                                       | = -              |
|             | Independent   | * 9                                       | Minus | *** 5                                       | = 4              |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| XS 9=               |                        |
| X43=                |                        |
| +145=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| XS18=               |                        |
| X86=                | 344.00                 |
| +290=               |                        |
| TOTAL<br>ADDIT. FEE | 344.00<br>pd.          |

(Column 1)

(Column 2)

(Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT C |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| XS 9=               |                        |
| X43=                |                        |
| +145=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| XS18=               |                        |
| X86=                |                        |
| +290=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.